

CHAPTER 131
EMERGENCY MEDICAL SERVICES
PROVIDER EDUCATION/TRAINING/CERTIFICATION

641—131.1(147A) Definitions. For the purpose of these rules, the following definitions shall apply:

“*AED*” means automated external defibrillator.

“*Automated defibrillator*” means any external semiautomated device that determines whether defibrillation is required.

“*Basic care*” means treatment interventions, appropriate to certification level, that provide minimum care to the patient including, but not limited to, CPR, bandaging, splinting, oxygen administration, spinal immobilization, oral airway insertion and suctioning, antishock garment, vital sign assessment and administration of over-the-counter drugs.

“*CEH*” means “continuing education hour” which is based upon a minimum of 50 minutes of training per hour.

“*Certification period*” means the length of time an EMS provider certificate is valid. The certification period shall be for two years from initial issuance, or renewal, unless specified otherwise on the certificate or unless sooner suspended or revoked.

“*Certification status*” means a condition placed on an individual certificate for identification as active, deceased, denied, dropped, endorsement, expired, failed, hold, idle, inactive, incomplete, pending, probation, retired, revoked, surrendered, suspended, or temporary.

“*Continuing education*” means training approved by the department which is obtained by a certified emergency medical care provider to maintain, improve, or expand relevant skills and knowledge and to satisfy renewal of certification requirements.

“*Course completion date*” means the date of the final classroom session of an emergency medical care provider course.

“*Course coordinator*” means an individual who has been assigned by the training program to coordinate the activities of an emergency medical care provider course.

“*CPR*” means training and successful course completion in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards.

“*Critical care paramedic (CCP)*” means a currently certified paramedic specialist who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

“*Current course completion card*” means written recognition given for training and successful course completion of CPR or PAD with an expiration date or a recommended renewal date that exceeds the current date.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*DOT*” means the United States Department of Transportation.

“*Emergency medical care*” means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by rule by the department.
5. Any other medical procedure approved by the department, by rule, as appropriate to be performed by emergency medical care providers who have been trained in that procedure.

“*Emergency medical care personnel*” or “*provider*” means an individual who has been trained to provide emergency and nonemergency medical care at the first-responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist level or other certification levels adopted by rule by the department and who has been issued a certificate by the department.

“Emergency medical technician-ambulance (EMT-A)” means an individual who has successfully completed, as a minimum, the 1984 United States Department of Transportation’s Emergency Medical Technician-Ambulance curriculum, passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-A.

“Emergency medical technician-basic (EMT-B)” means an individual who has successfully completed the current United States Department of Transportation’s Emergency Medical Technician-Basic curriculum and department enhancements, passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.

“Emergency medical technician-defibrillation (EMT-D)” means an individual who has successfully completed an approved program which specifically addresses manual or automated defibrillation, passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-D.

“Emergency medical technician-intermediate (EMT-I)” means an individual who has successfully completed an EMT-intermediate curriculum approved by the department, passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-I.

“Emergency medical technician-paramedic (EMT-P)” means an individual who has successfully completed the current United States Department of Transportation’s EMT-Intermediate curriculum or the 1985 or earlier DOT EMT-P curriculum, passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

“Emergency rescue technician (ERT)” means an emergency medical care provider trained in various rescue techniques including, but not limited to, extrication from vehicles and agricultural rescue, and who has successfully completed a curriculum approved by the department in cooperation with the department of public safety.

“EMS” means emergency medical services.

“EMS advisory council” means a council appointed by the director, pursuant to Iowa Code chapter 147A, to advise the director and develop policy recommendations concerning regulation, administration, and coordination of emergency medical services in the state.

“EMS instructor (EMS-I)” means an individual who has successfully completed an EMS instructor curriculum approved by the department and is currently endorsed by the department as an EMS-I.

“Endorsement” means providing approval in an area related to emergency medical care including, but not limited to, emergency rescue technician and emergency medical services-instructor.

“First responder (FR)” means an individual who has successfully completed the current United States Department of Transportation’s first responder curriculum and department enhancements, passed the department’s approved written and practical examinations, and is currently certified by the department as an FR.

“First responder-defibrillation (FR-D)” means an individual who has successfully completed an approved program that specifically addresses defibrillation, passed the department’s approved written and practical examinations, and is currently certified by the department as an FR-D.

“Hospital” means any hospital licensed under the provisions of Iowa Code chapter 135B.

“ILEECP” means Iowa law enforcement emergency care provider.

“Intermediate” means an emergency medical technician-intermediate.

“NCA” means North Central Association of Colleges and Schools.

“Outreach course coordinator” means an individual who has been assigned by the training program to coordinate the activities of an emergency medical care provider course held outside the training program facilities.

“Paramedic (EMT-P)” means an emergency medical technician-paramedic.

“Paramedic specialist (PS)” means an individual who has successfully completed the current United States Department of Transportation’s EMT-Paramedic curriculum or equivalent, passed the department’s approved written and practical examinations, and is currently certified by the department as a paramedic specialist.

“Patient” means an individual who is sick, injured, or otherwise incapacitated.

“Physician” means an individual licensed under Iowa Code chapter 148, 150, or 150A.

“Physician assistant (PA)” means an individual licensed pursuant to Iowa Code chapter 148C.

“Physician designee” means a registered nurse licensed under Iowa Code chapter 152, or a physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistant examiners. The physician designee may act as an intermediary for a supervising physician in directing the actions of emergency medical care personnel in accordance with written policies and protocols.

“Preceptor” means an individual who has been assigned by the training program, clinical facility or service program to supervise students while the students are completing their clinical or field experience. A preceptor must be an emergency medical care provider certified at the level at which the preceptor is providing supervision or higher, or must be licensed as a registered nurse, physician’s assistant or physician.

“Primary instructor” means an individual who is responsible for teaching the majority of an emergency medical care provider course.

“Protocols” means written directions and orders established and approved by the service program’s medical director that address the procedures to be followed by emergency medical care providers in emergency and nonemergency situations.

“Public access defibrillation (PAD)” means the operation of an automated external defibrillator by a nontraditional provider of emergency medical care.

“Public access defibrillation (PAD) provider” means someone who has current course completion in a nationally recognized public access defibrillation provider course approved by the department and who also holds a current course completion in CPR. The department deems a provider who has received and maintained certificates of completion from each of these courses to be certified by the department.

“Registered nurse (RN)” means an individual licensed pursuant to Iowa Code chapter 152.

“Service program” or *“service”* means any emergency medical care ambulance service, or non-transport service that has received authorization by the department.

“Service program area” means the geographic area of responsibility served by any given ambulance or nontransport service program.

“Student” means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portions.

“Training program” means an NCA-approved Iowa college, the Iowa law enforcement academy or an Iowa hospital approved by the department to conduct emergency medical care training.

“Training program director” means an appropriate health care professional (full-time educator or practitioner of emergency or critical care) assigned by the training program to direct the operation of the training program.

“Training program medical director” means a physician licensed under Iowa Code chapter 148, 150, or 150A who is responsible for directing an emergency medical care training program.

641—131.2(147A) Emergency medical care providers—requirements for enrollment in training programs and EMS provider authority.

131.2(1) Enrollment requirements. To be enrolled in an EMS training program course leading to certification by the department, an applicant shall:

1. Be at least 17 years of age at the time of enrollment.
2. Have a high school diploma or its equivalent if enrolling in an EMT-I, EMT-P, or paramedic specialist course.
3. Be able to speak, write and read English.
4. Hold a current course completion card in CPR if enrolling in an EMT-B, EMT-I, EMT-P, or paramedic specialist course.
5. Be currently certified, as a minimum, as an EMT-B, if enrolling in an EMT-I, EMT-P, or paramedic specialist course.
6. Be a current EMS provider, RN, PA, or physician and submit a recommendation in writing from an approved EMS training program if enrolling in an EMS instructor course.
7. Be currently certified as a paramedic specialist if enrolling in a critical care paramedic course.

131.2(2) Authority of emergency medical care personnel. An emergency medical care provider may:

a. Render, via on-line medical direction, emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified as part of an authorized service program:

- (1) At the scene of an emergency;
- (2) During transportation to a hospital;
- (3) While in the hospital emergency department;
- (4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
- (5) During transfer from one medical care facility to another or to a private home.

b. Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:

(1) Enrolled as a student or participating as a preceptor in a training program approved by the department;

(2) Fulfilling continuing education requirements;

(3) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider's certification and under direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care personnel may perform, without direct supervision, emergency medical care procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient's life;

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

131.2(3) When emergency medical care personnel are functioning in a capacity identified in sub-rule 131.2(2), paragraph “a,” they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

131.2(4) Adoption by reference.

a. Scope of Practice for Iowa EMS Providers (November 2001) is incorporated and adopted by reference for EMS providers. For any differences that may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

b. Scope of Practice for Iowa EMS Providers is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

131.2(5) The department may approve other emergency medical care skills on a limited pilot project basis. Requests for a pilot project application shall be made to the department.

131.2(6) An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department.

641—131.3(147A) Emergency medical care providers—certification, renewal standards, procedures, continuing education, and fees.

131.3(1) *Application and examination.*

a. Applicants shall complete an EMS Student Registration form at the beginning of the course. EMS Student Registration forms are provided by the department.

b. EMS Student Registration forms shall be forwarded to the department by the training program no later than two weeks after the beginning of the course. Courses that are completed within two weeks are exempt from this requirement.

c. Upon satisfactory completion of the course and all training program requirements, including payment of appropriate fees, the student shall be recommended by the training program to take the state-approved certification examinations. Candidates recommended for state certification are not eligible to continue functioning as a student in the clinical and field setting. State certification must be obtained to perform appropriate skills.

d. The practical examination shall be administered using the standards and forms provided by the department. The training program shall notify the department at least four weeks prior to the administration of a practical examination.

e. To be eligible to take the written examination, the student shall first pass the practical examination.

f. Students eligible to take the state written examination shall submit an EMS Certification Application form to the department. EMS Certification Application forms are provided by the department.

g. When a student's EMS Student Registration or EMS Certification Application is referred to the department for investigation, the student shall not be eligible for clinical or field experience, or certification testing until approved by the department.

h. The certifying written examinations shall be administered at times and places determined by the department.

i. No oral certification examinations shall be permitted; however, candidates may be eligible for appropriate accommodations. Contact the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

j. Practical examination fees shall be determined by the training program.

k. The fee for processing each FR, EMT-B, EMT-I, EMT-P, and paramedic specialist written examination is \$20, payable to the Iowa Department of Public Health.

l. A student who fails the practical certification examination shall be required to repeat only those stations that were failed and shall have two additional opportunities to attain a passing score. The student may repeat the failed examination stations on the same day as determined by the training program. If a student fails the written examination, the practical examination remains valid for a 12-month period from the date it was successfully completed. Required passing practical scores for FR, EMT-B, EMT-I, EMT-P, or paramedic specialist shall be based on criteria established by the department.

m. A student who fails to attain the appropriate overall score on the written certification examination shall have two additional opportunities to complete the entire examination and attain a passing score. Required passing written scores for FR, EMT-B, EMT-I, EMT-P, or paramedic specialist shall be based on criteria established by the department.

n. A student who fails to pass the written certification examination on the third attempt and who wishes to pursue certification must submit, at a minimum, written verification from an approved training program of successful completion of an appropriate refresher course or equivalent. Students failing the examination on six attempts must repeat the entire EMT training program to be eligible for certification.

o. All examination attempts shall be completed within one year of the initial course completion date. If an individual is unable to complete the testing within one year due to medical reasons or military obligation, an extension may be granted upon submission of a signed statement from an appropriate medical/military authority and approval by the department.

p. Examination scores shall be confidential except that they may be released to the training program that provided the training or other appropriate state agencies, or released in a manner which does not permit the identification of an individual.

q. To be eligible to take the practical examination, FR candidates shall have a current course completion card in CPR.

r. Applicants for EMS-I endorsement shall successfully complete an EMS-Instructor curriculum approved by the department.

s. Applicants for ERT endorsement shall successfully complete an ERT curriculum approved by the department in cooperation with the department of public safety.

t. Payment of all appropriate certification/examination fees shall be made prior to receiving certification.

131.3(2) *Multiple certificates and renewal.*

a. The department shall consider the highest level of certification attained to be active. Any lower levels of certification shall be considered idle.

b. A lower level certificate may be issued if the individual fails to renew the higher level of certification or voluntarily chooses to move from a higher level to a lower level. To be issued a certificate in these instances, an individual shall:

(1) Complete all applicable continuing education requirements for the lower level during the certification period and submit a written request for the lower level.

(2) Complete and submit to the department an EMS Affirmative Renewal of Certification Application and the applicable fee.

(3) Complete the reinstatement process in 131.3(3)“*e*” if renewal of the higher level is later requested.

c. A citation and warning, denial, probation, suspension or revocation imposed upon an individual certificate holder by the department shall be considered applicable to all certificates issued to that individual by the department.

131.3(3) *Renewal of certification.*

a. A certificate shall be valid for two years from issuance unless specified otherwise on the certificate or unless sooner suspended or revoked.

b. All continuing education requirements shall be completed during the certification period prior to the certificate's expiration date. Failure to complete the continuing education requirements prior to the expiration date shall result in an expired certification.

c. The EMS Affirmative Renewal of Certification Application shall be submitted to the department within 90 days prior to the expiration date. Failure to submit a renewal application to the department within 90 days prior to the expiration date (based upon the postmark date) shall cause the current certification to expire. Emergency medical care providers shall not provide emergency medical services on an expired certification.

d. An individual who completes the required continuing education during the certification period, but fails to submit the EMS Affirmative Renewal of Certification Application within 90 days prior to the expiration date, shall be required to submit a late fee of \$30 (in addition to the renewal fee) and complete the audit process pursuant to 131.3(4) "j" to obtain renewal of certification.

e. An individual who has not completed the required continuing education during the certification period or who is seeking to reinstate an expired, inactive, or retired certificate shall:

- (1) Complete a refresher course or equivalent approved by the department.
- (2) Meet all applicable eligibility requirements.
- (3) Submit an EMS Reinstatement Application and the applicable fees to the department.
- (4) Pass the appropriate practical and written certification examinations.

f. If an individual is unable to complete the required continuing education during the certification period due to medical reasons or military obligation, an extension of certification may be issued upon submission of a signed statement from an appropriate medical/military authority and approval by the department.

g. An individual may request an inactive or retired status for a certificate. The request must be made to the department in writing. A certification card may be issued to the individual reflecting the inactive or retired status for a fee of \$30. Reinstatement of an inactive or retired certificate shall be made pursuant to 131.3(3) "e." A request for inactive or retired status, when accepted in connection with a disciplinary investigation or proceeding, has the same effect as an order of revocation.

h. Rescinded IAB 2/6/02, effective 3/13/02.

131.3(4) *Continuing education renewal standards.* To be eligible for renewal through continuing education, the following standards shall apply:

a. The applicant shall sign and submit an Affirmative Renewal of Certification Application provided by the department, and submit the applicable fee within 90 days prior to the certificate's expiration date.

b. The applicant shall complete the continuing education requirements, including current course completion in CPR, during the certification period for the following EMS provider levels:

- (1) FR, FR-D—12 hours of approved continuing education.
- (2) EMT-A, EMT-B, EMT-D—24 hours of approved continuing education.
- (3) EMT-I—36 hours of approved continuing education.
- (4) EMT-P—48 hours of approved continuing education.
- (5) Paramedic specialist—60 hours of approved continuing education.
- (6) EMS-I—Attend at least one EMS-I workshop sponsored by the department.
- (7) Critical care paramedic—8 hours of approved CCP core curriculum topics.

c. At least 50 percent of the required hours for renewal shall be formal continuing education including, but not limited to, refresher programs, seminars, lecture programs, and conferences. The content shall be based upon the appropriate department curricula for EMS providers and shall include, as a minimum, topics within three or more of the following core curriculum areas:

- (1) Airway.
- (2) Patient assessment.
- (3) Trauma/medical/behavioral emergencies.
- (4) Obstetrics/gynecology.
- (5) Infants and children.
- (6) Patient care record documentation.

d. All EMS providers seeking renewal shall complete, as a minimum, the trauma continuing education requirements pursuant to Iowa Administrative Code 641—Chapter 137.

e. Up to 50 percent of the required continuing education hours may be made up of any of the following:

- (1) Nationally recognized EMS-related courses;
- (2) EMS self-study courses;
- (3) Medical director or designee case reviews;
- (4) Clinical rounds with medical team (grand rounds);
- (5) Teaching EMS courses, initial or continuing education;
- (6) Working with students as an EMS field preceptor;
- (7) Hospital or nursing home clinical performance;
- (8) Skills workshops/maintenance (scenario based);
- (9) Community public information education projects;
- (10) Emergency driver training;
- (11) EMS course audits;
- (12) Injury prevention initiatives;
- (13) EMS service operations, e.g., management programs, continuous quality improvement;
- (14) EMS system development meetings to include county, regional and state;
- (15) Disaster preparedness;
- (16) Emergency runs/responses as a volunteer member of an authorized EMS service program (primary attendant).

f. Additional hours may be allowed for any of the following (maximum):

- (1) CPR—2 hours;
- (2) Disaster drill—4 hours;
- (3) Rescue—4 hours;
- (4) Hazardous materials—8 hours;
- (5) Practical exam evaluator—4 hours;
- (6) Topics outside the provider's core curriculum—8 hours.

g. With training program approval, persons who are not enrolled in an emergency medical care provider course may audit those courses for CEHs.

h. Certificate holders must notify the department of a change in address.

i. The certificate holder shall maintain a file containing documentation of continuing education hours accrued during each certification period for four years from the end of each certification period.

j. A group of individual certificate holders will be audited for each certification period and will be required to submit verification of continuing education compliance within 45 days of the request. If audited, the following information must be provided: date of program, program sponsor number, title of program, number of hours approved, and appropriate supervisor signatures if clinical or practical evaluator hours are claimed. Certificate holders audited will be chosen in a random manner or at the discretion of the bureau of EMS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action.

131.3(5) *Renewal by testing.* To be eligible for renewal by testing, candidates shall meet the following standards:

- a.* Submit a request to renew by testing to the department six months prior to the certificate's expiration date. Any testing fees will be in addition to renewal fees.
- b.* Complete a Renewal by Testing Application provided by the department and schedule a test date with an EMS training program.
- c.* Successfully complete the practical and written examinations.
- d.* Candidates who are unsuccessful by testing may renew under the continuing education standards in subrule 131.3(4); however, renewal must be completed prior to the certificate's expiration date.
- e.* Candidates who are unsuccessful by testing or who do not complete the continuing education requirements prior to the expiration date shall reinstate an expired certificate pursuant to 131.3(3) "e" if active certification is sought.

131.3(6) *Continuing education approval.* The following standards shall be applied when approving continuing education:

- a.* Required CEHs identified in 131.3(4) "c" and 131.3(4) "d" shall be approved by an authorized EMS training program or the department using a sponsor number assignment system approved by the department.
- b.* Optional CEHs identified in 131.3(4) "e" and 131.3(4) "f" require no formal sponsor number; however, CEHs awarded shall be verified by an authorized EMS training program, a national EMS continuing education accreditation entity, service program medical director, appropriate community sponsor, or the department. Documentation of CEHs awarded shall include program or event, date and title, number of hours approved, and applicable signatures.

131.3(7) *Out-of-state continuing education.* Out-of-state continuing education courses will be accepted for CEHs if they meet the criteria in subrule 131.3(4) and have been approved for emergency medical care personnel in the state in which the courses were held. A copy of course completion certificates (or other verifying documentation) shall, upon request, be submitted to the department with the EMS Affirmative Renewal of Certification Application.

131.3(8) *Fees.* The following fees shall be collected by the department and shall be nonrefundable:

- a.* FR, EMT-B, EMT-I, EMT-P, and paramedic specialist written examination/certification fee—\$20.
- b.* Renewal of EMT-I, EMT-P, and paramedic specialist certification(s) fee—\$10. This fee is refundable if the applicant's certification renewal status is not posted on the bureau of EMS Web page in the certification database within two weeks from the date the department receives the completed renewal application.
- c.* Endorsement certification fee—\$30.
- d.* Reinstatement fee—\$30.
- e.* Late fee—\$30.
- f.* Inactive or retired certificate—\$30.
- g.* Duplicate/replacement card—\$10.
- h.* Returned check—\$20.

131.3(9) *Certification through endorsement.* An individual currently certified by another state or registrant of the National Registry of EMTs must also possess a current Iowa certificate to be considered certified in this state. The department shall contact the state of certification or the National Registry of EMTs to verify certification or registry and good standing. To receive Iowa certification, the individual shall:

- a.* Complete and submit the EMS Endorsement Application available from the department.
- b.* Provide verification of current certification in another state or registration with the National Registry of EMTs.

- c. Provide verification of current course completion in CPR.
- d. Pass the appropriate Iowa practical and written certification examinations in accordance with subrule 131.3(1) within one year of the department's approval of the endorsement candidate's application. Current National Registry endorsement candidates are exempt from testing.
- e. Meet all other applicable eligibility requirements necessary for Iowa certification pursuant to these rules.
- f. Submit all applicable fees to the department.
- g. An individual certified through endorsement shall satisfy the renewal and continuing education requirements set forth in subrule 131.3(3) to renew Iowa certification.

131.3(10) *Temporary certification through endorsement.* Upon written request, the endorsement applicant may be issued a temporary FR or EMT-B certification by the department. Justification for issuance of the temporary certification must accompany the request. Temporary certification shall not exceed six months per application.

641—131.4(147A) Training programs—standards, application, inspection and approval.

131.4(1) *Curricula.*

a. The training program shall use the following course curricula approved by the department for certification.

- (1) EMS provider curricula and course length:
 - 1. PAD—approved national curriculum.
 - 2. ILEEC—Iowa curriculum, 24 hours.
 - 3. First responder—Current DOT FR curriculum plus department enhancements, 50 to 60 hours.
 - 4. EMT-B—Current DOT EMT-B curriculum plus department enhancements, 118 to 130 hours, clinical time or field time or both as necessary to complete objectives.
 - 5. EMT-I—Iowa curriculum, 54 to 60 didactic hours, clinical and field time as necessary to complete objectives.
 - 6. EMT-P—Current DOT EMT-I curriculum, 280 to 310 didactic hours, clinical and field time as necessary to complete objectives.
 - 7. Paramedic specialist—Current DOT EMT-P curriculum, 600 to 660 didactic hours, clinical and field time as necessary to complete objectives.
 - 8. Training programs that hold current accreditation by the Commission of Accreditation of Allied Health Education Programs for the emergency medical technician-paramedic are exempt from the maximum didactic hours for the EMT-P and paramedic specialist courses.

- (2) Specialty curricula:
 - 1. EMS-I—Current DOT curriculum plus department enhancements.
 - 2. ERT—Iowa curriculum.
 - 3. CCP—Iowa curriculum, 80 to 90 didactic hours, clinical and field time as necessary to complete objectives.

Curriculum enhancements are available from the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

b. The training program may waive portions of the required EMS provider training for individuals certified or licensed in other health care professions, including, but not limited to, nursing, physician assistant, respiratory therapist, dentistry, and military. The training program shall document equivalent training and what portions of the course have been waived for equivalency.

131.4(2) *Clinical or field experience resources.* If clinical or field experience resources are located outside the framework of the training program, written agreements for such resources shall be obtained by the training program.

131.4(3) Facilities.

a. There shall be adequate classroom, laboratory, and practice space to conduct the training program. A library with reference materials on emergency and critical care shall also be available.

b. Opportunities for the student to accomplish the appropriate skill competencies in the clinical environment shall be ensured. The following hospital units shall be available for clinical experience for each training program as required in approved curricula pursuant to subrule 131.4(1):

- (1) Emergency department;
- (2) Intensive care unit or coronary care unit or both;
- (3) Operating room and recovery room;
- (4) Intravenous or phlebotomy team, or other method to obtain IV experience;
- (5) Pediatric unit;
- (6) Labor and delivery suite, and newborn nursery; and
- (7) Psychiatric unit.

c. Opportunities for the student to accomplish the appropriate skill competencies in the field environment shall be ensured. The training program shall use an appropriate emergency medical care service program to provide field experience as required in approved curricula pursuant to subrule 131.4(1).

d. The training program shall have liability insurance and shall offer liability insurance to students while they are enrolled in a training program.

131.4(4) Staff.

a. The training program medical director shall be a physician licensed under Iowa Code chapter 148, 150, or 150A. It is recommended that the training program medical director complete a medical director workshop sponsored by the department.

b. A training program director shall be appointed who is an appropriate health care professional. This individual shall be a full-time educator or a practitioner in emergency or critical care. Current EMS instructor endorsement is also recommended, but not mandatory.

c. Course coordinators, outreach course coordinators, and primary instructor(s) used by the training program shall be currently endorsed as EMS instructors.

d. The instructional staff shall be comprised of physicians, nurses, pharmacists, emergency medical care personnel, or other health care professionals who have appropriate education and experience in emergency and critical care. Current EMS instructor endorsement is also recommended, but not mandatory.

e. Preceptors shall be assigned in each of the clinical units in which emergency medical care students are obtaining clinical experience and field experience. The preceptors shall supervise student activities to ensure the quality and relevance of the experience. Student activity records shall be kept and reviewed by the immediate supervisor(s) and by the program director and course coordinator.

f. If a training program's medical director resigns, the training program director shall report this to the department and provide a curriculum vitae for the medical director's replacement. A new course shall not be started until a qualified medical director has been appointed.

g. The training program shall maintain records for each instructor used which include, as a minimum, the instructor's qualifications.

h. The training program is responsible for ensuring that each course instructor is experienced in the area being taught and adheres to the course curricula.

i. The training program shall ensure that each practical examination evaluator and mock patient is familiar with the practical examination requirements and procedures. Practical examination evaluators shall attend a workshop sponsored by the department.

131.4(5) Advisory committee. There shall be an advisory committee, which includes training program representatives, and other groups such as affiliated medical facilities, local medical establishments, and ambulance, rescue and first response service programs.

131.4(6) *Student records.* The training program shall maintain an individual record for each student. Training program policy and department requirements will determine contents. These requirements may include:

- a. Application;
- b. Current certifications and endorsements;
- c. Student record or transcript of hours and performance (including examinations) in classroom, clinical, and field experience settings.

131.4(7) *Selection of students.* There may be a selection committee to select students using, as a minimum, the prerequisites outlined in rule 131.2(147A).

131.4(8) *Students.*

a. Students may perform any procedures and skills at the emergency medical care provider level trained, if they are under the direct supervision of a physician or physician designee, or under the remote supervision of a physician or physician designee, with direct field supervision by an appropriately certified emergency medical care provider.

b. Students shall not be substituted for personnel of any affiliated medical facility or service program, but may be employed while enrolled in the training program.

131.4(9) *Financing and administration.*

a. There shall be sufficient funding available to the training program to ensure that each class started can be completed.

b. Tuition charged to students shall be accurately stated.

c. Advertising for training programs shall be appropriate.

d. The training program shall provide to each student, no later than the first session of the course, a guide that outlines as a minimum:

- (1) Course objectives.
- (2) Required hours for completion.
- (3) Minimum acceptable scores on interim testing.
- (4) Attendance requirements.
- (5) Grievance procedure.
- (6) Disciplinary actions that may be invoked, the grounds for such action, and the process provided.
- (7) Requirements for certification.

131.4(10) *Training program application, inspection and approval.*

a. An applicant seeking initial or renewal training program approval shall use the EMS Training Program Application provided by the department. The application shall include, as a minimum:

- (1) Appropriate officials of the applicant;
- (2) Evidence of availability of clinical resources;
- (3) Evidence of availability of physical facilities;
- (4) Evidence of qualified faculty;
- (5) Qualifications and major responsibilities of each faculty member;
- (6) Policies used for selection, promotion, and graduation of trainees;
- (7) Practices followed in safeguarding the health and well-being of trainees, and patients receiving emergency medical care within the scope of the training program; and
- (8) Level(s) of EMS certification to be offered.

b. New training programs shall submit a needs assessment which justifies the need for the training program.

c. Applications shall be reviewed in accordance with the current Essentials and Guidelines of an Accredited Educational Program for the Emergency Medical Technician-Paramedic, published by the Commission on Accreditation and Allied Health Education Programs.

d. An on-site inspection of the applicant's facilities and clinical resources will be performed. The purpose of the inspection is to examine educational objectives, patient care practices, and facilities and administrative practices, and to prepare a written report for review and action by the department.

e. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.

f. Representatives of the applicant may be required by the department to meet with the department at the time the application and inspection report are discussed.

g. A written report of department action accompanied by the department inspection reports shall be sent to the applicant.

h. Training program approval shall not exceed five years.

i. The training program shall notify the department, in writing, of any change in ownership or control within 30 days.

j. Out-of-state training entities wishing to conduct initial EMS training courses in Iowa shall apply for training program approval pursuant to 641—131.4(147A).

641—131.5(147A) Continuing education providers—approval, record keeping and inspection.

131.5(1) Continuing education courses for emergency medical care personnel may be approved by the department, EMS training program or a national EMS continuing education accreditation entity.

131.5(2) A training program may conduct continuing education courses (utilizing appropriate instructors) pursuant to subrule 131.3(4).

a. Each training program shall assign a sponsor number to each appropriate continuing education course using an assignment system approved by the department.

b. Course approval shall be made prior to the course's being offered.

c. Each training program shall maintain a participant record that includes, as a minimum:

Name	Address
Certification number	Social security number
Course sponsor number	Course instructor
Date of course	CEHs awarded

d. Each training program shall submit to the department a completed Approved EMS Continuing Education form on a quarterly basis.

131.5(3) Record keeping and record inspection.

a. The department may request additional information or inspect the records of any continuing education provider who is currently approved or who is seeking approval to ensure compliance or to verify the validity of any training program application.

b. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.

641—131.6(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of emergency medical care personnel certificates or renewal.

131.6(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.6(2) The department may deny an application for issuance or renewal of an emergency medical care provider certificate, including specialty certifications, or place on probation, or issue a citation and warning, or suspend or revoke the certificate when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

a. Negligence in performing emergency medical care.

b. Failure to follow the directions of supervising physicians or their designees.

- c. Rendering treatment not authorized under Iowa Code chapter 147A.
- d. Fraud in procuring certification or renewal.
- e. Professional incompetency.
- f. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
- g. Habitual intoxication or addiction to drugs.
- h. Falsification of medical records.
- i. Fraud in representation as to skill, ability or certification.
- j. Willful or repeated violations of Iowa Code chapter 147A or these rules.
- k. Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care. A certified copy of the record of conviction or plea of guilty is conclusive evidence of the violation.
- l. Having certification to practice emergency medical care suspended or revoked, or having other disciplinary action taken by a licensing or certifying authority of another state, territory or country. A certified copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.
- m. Practicing the profession while certification is suspended.
- n. Violating the disciplinary order or settlement agreement.
- o. Falsifying certification renewal reports or failure to comply with the renewal audit request.

641—131.7(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of training program or continuing education provider approval or renewal.

131.7(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.7(2) The department may deny an application for approval or renewal, or issue a citation and warning, or place on probation, or suspend or revoke the approval or renewal when it finds that the applicant has failed to meet the applicable provisions of these rules or has committed any of the following acts or offenses:

- a. Fraud in procuring approval or renewal.
- b. Falsification of training or continuing education records.
- c. Suspension or revocation of approval to provide emergency medical care training or other disciplinary action taken pursuant to Iowa Code chapter 147A. A certified copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.

641—131.8(147A) Complaints, investigations and appeals.

131.8(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.8(2) All complaints regarding emergency medical care personnel, training programs or continuing education providers, or those purporting to be or operating as the same, shall be reported to the department in writing. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

131.8(3) An emergency medical care provider who has knowledge of an emergency medical care provider or service program that has violated Iowa Code chapter 147A, 641—Chapter 132 or these rules shall report such information to the department.

131.8(4) Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

131.8(5) A determination of mental incompetence by a court of competent jurisdiction automatically suspends a certificate for the duration of the certificate unless the department orders otherwise.

131.8(6) Notice of denial, issuance of a citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, probation, suspension or revocation shall be served by certified mail, return receipt requested, or by personal service.

131.8(7) Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

131.8(8) Upon receipt of a request for hearing, the request shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

131.8(9) The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

131.8(10) When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 131.8(11).

131.8(11) Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

131.8(12) Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

131.8(13) The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or by personal service.

131.8(14) It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

131.8(15) Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

131.8(16) The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

131.8(17) Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

These rules are intended to implement Iowa Code chapter 147A.

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